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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	09/854,784
Filing Date	May 14, 2001
First Named Inventor	Carlos Hoyos
Title	Remote Controlled Imaging System
Art Unit	2812
Examiner Name	Mishah, Justin P.
Attorney Docket Number	27505-2

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Michael N. Radparvar	50527

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Law Office of Michael Cohen		
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/86)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Sarita Spivak</i>	Date	10/07/05
Name	Sarita Spivak	Telephone	(818) 288-8876 781-2003
Title and Company	President, Coptavision Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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**REVOCATION OF POWER OF  
 ATTORNEY WITH  
 NEW POWER OF ATTORNEY  
 AND  
 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/854,764
Filing Date	May 14, 2001
First Named Inventor	Carlos Hoyos
Art Unit	2812
Examiner Name	Misleh, Justin P.
Attorney Docket Number	27506-2

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
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☒ Firm or Individual Name Law Office of Michael Cohen: Michael N. Radpavay, Esq.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature *Sarita Spivak*

Name

Captivation, President Sarita Spivak

Date

September 27, 2005

Telephone

818-781-3003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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